

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

U.S. DISTRICT COURT  
DISTRICT OF N.Y.  
FILED

PAUL LEONARD Greenwald, et al.

2015 FEB -5 A 11:43

ABDUL ALIM (BARBOW) et al.

(In the space above enter the full name(s) of the plaintiff(s).)

1:15-fp-47

COMPLAINT

-against-

under the

Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Gov. Andrew Cuomo

NY CITY DA's + former DA's

NY'S JUDGES

NY'S CITIZENS ETAL

Hollywood

ESP DICK WOLF Production

BLUE BLOOD w Tom Selleck

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

NY P.D. Former

P.C. RAY net by

And Re. B.N

Beatty

Jury Trial: ☐ Yes ☐ No  
(check one)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

PAUL LEONARD Greenwald et al.

ID #

060-895-13-01153 N: 121RBR.

Current Institution

Address

WARDS ISLAND GE  
MANHATTAN, NY 10035 ETAL

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Gov. Andrew Cuomo

Shield # NA

Where Currently Employed

ALBANY NY

Address

GOVERNOR MANSION  
WASHINGTON DC  
ALBANY NY

Defendant No. 2 Name William Dunham PC Shield # 1  
 Where Currently Employed NYPD  
 Address 1 POLICE PLAZA  
LOWER EAST MANHATTAN

Defendant No. 3 Name EMR PC RAY KELLY Shield # N/A  
 Where Currently Employed CUSHMAN + WARE FELLO  
 Address MANHATTAN

Defendant No. 4 Name DACYRUS VANCE Shield # N/A  
 Where Currently Employed 100 Centre  
 Address NY, N.Y. 10007

Defendant No. 5 Name EMR DA Robert Montgomery  
 Where Currently Employed Retired  
 Address 40 Convent Ave  
1 Centre St, New York  
10013

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

NYPD MDC, C-73, C-95, Supt of PRIS 314  
6 PCT ELmhurst Hosp. + Bellevue Hosp + Bronx

B. Where in the institution did the events giving rise to your claim(s) occur?

Various places incl. Lebrone  
ER Bellevue + ELmhurst + 19th Floor

C. What date and approximate time did the events giving rise to your claim(s) occur?

Sep + 19 2009 10 AM. to date  
12/05/2014 Fri

D. Facts:

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

FALSELY ARRESTED by OTC  
McFALL on INTA + belief of  
OTC Rachel Wallaburn GPHPC  
NYPD. Det Watson did not allow  
medication or phone call to  
my cell phone for many hours

See Above + NYFD EMT +  
Doctors Bellone, Elmhurst +  
Bronx Lebanon Hosp

## III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

VARIOUS INJURIES TO NECK, NECK  
eye, jaw, teeth, amputation of toes  
on right foot + other injuries

## IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

6 DETMYPB, MCC, C-73, C-95, Bellvue Hosp  
 E-Lincoln Hosp, Brownstone Hosp

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? various

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

various places

1. Which claim(s) in this complaint did you grieve? various

2. What was the result, if any? NONE

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. NINE

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

VARIOUS WARDEN DUFF, COURT,  
 SGTs + DTC

when and how, and their response, if any: \_\_\_\_\_

**NINE of Substn**

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). \_\_\_\_\_

**28 million \$ IN ECON. DAMAGES  
PAIN + Suffering, Loss of teeth,  
toes, other injuries, property loss,  
clothes + cash + credit cards,  
cellphones, shoes, books sneakers  
+ pension damages that I EED  
+ NIED Damages TO Datchuk**

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

**Some but not all**

On  
these  
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Self et Al

Defendants See Above

2. Court (if federal court, name the district; if state court, name the county) Southern Dist of NY

3. Docket or Index number UNK

4. Name of Judge assigned to your case UNK

5. Approximate date of filing lawsuit Various

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) UNK

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ☐

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Self

Defendants Various See SUPP

2. Court (if federal court, name the district; if state court, name the county) Southern Dist of NY

3. Docket or Index number UNK

4. Name of Judge assigned to your case UNK

5. Approximate date of filing lawsuit 2010

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) UNK Pending

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5 day of December, 2014 PM

Signature of Plaintiff

Inmate Number

Institution Address

Paul J. Guendler et al  
895-13-61153  
MANHATTAN PSY CENTER  
KIRBY HSP 6-E-WEST  
WARD'S ISLAND  
N.Y., N.Y. 10035-6010

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 5 day of December, 2014 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Paul J. Guendler





4. Do you have any money, including any money in a checking or savings account? If so, how much?

☒ No. ☐ Yes, \$ \_\_\_\_\_.

5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

☒ No. ☐ Yes, \$ \_\_\_\_\_.

6. Do you pay for rent or for a mortgage? If so, how much each month?

☐ No. ☒ Yes, UNK.

7. List the person(s) that you pay money to support and the amount you pay each month.

\_\_\_\_\_  
\_\_\_\_\_

8. State any special financial circumstances which the Court should consider.

INCARCERATE  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this

05<sup>th</sup> day of December 2014 Fr  
date month year

Mr Abdul Akin  
Signature



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

PRISONER AUTHORIZATION

Case Name:

ABDUL ALIM CHAGU (Enter the full name of the plaintiff(s)) v. USV COUNTY WITH (Enter the full name of the defendant(s))

Docket No:

No. UNK ( )

(Enter the docket number, if available; if filing this with your complaint, you will not have a docket number.)

The Prison Litigation Reform Act ("PLRA" or "Act") amended the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under the PLRA, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained at any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$350.00 has been paid, no matter what the outcome of the action.

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, ABDUL ALIM (print or type your name), request and authorize the agency holding me in custody to send to the Clerk of the United States District Court for the Southern District of New York, or, if this matter is transferred to another district court, to the Clerk of the transferee court, a certified copy of my prison account statement for the past six months. I further request and authorize the agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Southern District of New York. This authorization shall apply to any agency into whose custody I may be transferred, and to any other district court to which my case may be transferred and by which my poor person application may be decided.

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350.00 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED OR EVEN IF I VOLUNTARILY WITHDRAW THE CASE.

5 DEC, 2014  
Date signed

Abdul Alim (Signature of Plaintiff)  
UNK

Prisoner I.D. Number

Kirkby Psych. Hosp.  
Name of current facility

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

ALIM, Abdul  
Greenwald, Paul L.

(List the full name(s) of the plaintiff(s)/petitioner(s).)

1:15-fp-47

UNSK

-against-

Application for the Court to  
Request Pro Bono Counsel

Gov. Andrew Cuomo  
P.C.W. Urban Brannen et al

(List the full name(s) of the defendant(s)/respondent(s).)

CHRS VANCE JR DA MANUEL et al

I ask the Court to request a *pro bono* attorney to represent me in this action. In support of my application, I declare under penalty of perjury that the following information is true and correct:

1. Have you previously filed a "Request to Proceed in Forma Pauperis" (an IFP application)?

Please check the appropriate box below:

☐

I have previously filed an IFP application in this case, and it is a true and correct representation of my current financial status.

☒

I have not previously filed an IFP application in this case and now attach an original IFP application showing my financial status.

☐

I have previously filed an IFP application in this case, but my financial status has changed. I have attached a new IFP application showing my current financial status.

2. Explain why you need an attorney in this case. (Please note that requests for *pro bono* counsel are rarely granted at the early stages of a case and usually not before the Court has issued a decision on the merits of the case.) If you asked for an attorney earlier in this case, please also explain what has changed since you last asked for an attorney.

Complex case involving numerous  
def.s + plaintiffs and CLASS ACTION  
status + RICO status.

3. Explain what steps you have taken to find an attorney and with what results. (Please identify the lawyers, law firms or legal clinics you have contacted and their responses to your requests. If you have limited access to the telephone, mail, or other communication methods, or if you otherwise have had difficulty contacting attorneys, please explain.)

ELYSA BERNSTEIN - Abandoned case  
 After paid \$10,000 for AMF Demun  
 my rep. LATE FINEBUNG ENGLAW  
 30 Vesev St, + Church St in Manhattan  
 Abandoned me with most \$25K UNLAW  
 DEMANDS MORE MONEY

4. If you need an attorney who speaks a language other than English, state what language(s) you speak: \_\_\_\_\_
5. I understand that if an attorney volunteers to represent me and that attorney learns that I can afford to pay for an attorney, the attorney may give this information to the Court.
6. I understand that even if the Court grants this application, I will receive *pro bono* counsel only if an attorney volunteers to take my case and that there is no guarantee that an attorney will volunteer to represent me.
7. I understand that if my answers on this application or in my IFP application are false, my case may be dismissed.

NOTICE  
 FROM  
 #10K  
 Abandon  
 WITH

12/5/2014 Fri

Date

ALIM, Abdul

Name (Last, First, MI)

UNK

Address

~~Abdul~~ ALIM, Abdul

Signature

UNK

Prison Identification # (if incarcerated)

City

State

Zip Code

Telephone Number

E-mail Address (if available)